



Open Enrollment Application

2010-2011 School Year



Deadline: March 1, 2010

September 1, 2010 for Kindergarten

Name of Student _____ Date of Birth: _____

1. Grade Level for 2010-2011 _____ 2. Female _____ Male _____

2. Race/Ethnicity: Two-Part Question for Students:

Part A. Is this student Hispanic/Latino? (Choose only one).

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Part B. What is the student's race? (Choose one or more).

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.)

_____ Black or African American (a person having origins in any of the black racial groups of Africa.)

_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

3. Parent/Guardian _____
Telephone _____

Note: It is helpful to have more than one number. H=home W=work C=cell

Address _____
Street/Box City Zip County

4. Resident District _____ Attendance Center _____

5. District Requested _____ Attendance Center* _____

*Request does not guarantee placement

6. Is this application is a request to continue education in the former district of residence following a move to a new district? _____ Yes _____ No

7. If the resident district has a diversity plan, please indicate if the applicant has a sibling currently under open enrollment? If yes, please provide the following:

Sibling:

Name _____

Address _____

District/School open enrolled _____

8. The parent/guardian is requesting the following (check all that apply).

Regular Education _____

Special Education _____

Home School (CPI) _____

Home School Assistance Program _____

Dual Enrollment-Academic _____

Dual Enrollment-Activity Program _____

9. Is the student currently under suspension or expulsion from school? ___No___ Yes

If yes, when will the suspension/expulsion be completed? _____

10. This section should be completed IF the application is being filed after March 1.

Qualifications for Good Cause	Date of Change
a) Family moved to new district of residence (including a move from another state)	_____
b) Change in student's district of residence due to parents' marital status	_____
c) Change in student's district of residence due to placement in foster care	_____
d) Change in student's district of residence due to adoption	_____
e) Change in student's district of residence due to treatment program for substance abuse or mental health	_____
f) Participation in foreign exchange program	_____
g) Failure of negotiations for reorganization or whole grade sharing	_____
h) Loss of accreditation or revocation of a private or charter school	_____
i) Pervasive harassment or severe health. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student.	_____
_____	_____
_____	_____
_____	_____

11. Check here if you are requesting transportation assistance. _____

If yes, attach proof of income to application and number in household.

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian

Date

CAUTION: Knowingly providing false information on this form will invalidate the application.

Receiving District

The receiving district has the authority to take action on all applications except those listed below (a & b).
The receiving district has authority to act on applications received before and **after** the deadline.

a) Student alleges pervasive harassment or student has severe health condition that cannot be adequately served in home district

b) **Resident** district had a diversity plan.

Date application was received: _____

Approved _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

_____ Request was not filed by March 1 and does not meet good cause.

_____ Insufficient classroom space

_____ Student under suspension or expulsion

_____ Appropriate special education program is not available.

Resident District

Resident district is taking action on this application because of the following:

_____ Resident district has a diversity plan on file with Department of Education.

_____ Student alleges pervasive harassment that began or escalated after March 1.

_____ Student has a severe health condition that began or escalated after March 1.

Approved _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

_____ Does not meet Diversity Plan criteria

_____ Does not meet criteria for pervasive harassment

_____ Does not meet criteria for severe health condition